Claims Clues

A Monthly Publication of the AHCCCS Claims Department March, 2001

Dialysis Facility Rates Increased 2.4%

AHCCCS composite dialysis rates for free-standing dialysis clinics have been updated to reflect the 2.4% increase provided by the Benefits Improvement and Protection Act of 2000 (BIPA), effective Jan 1, 2001.

AHCCCS composite dialysis rates are based on Medicare rates for Arizona.

Medicare is implementing the rate increase in phases. Medicare increased its rates 1.2% effective Jan. 1, 2001. On April 1, 2001, Medicare will increase its rates again to the full 2.4%.

Medicare also will tack on a transitional increase of 0.39% on April 1. Medicare chose to implement this temporary increase rather than recalculate all claims paid from January 1 through March 31 to reflect the full 2.4% increase.

The additional 0.39% will be dropped after Dec. 31, 2001.

Rather than adjust rates multiple times, AHCCCS implemented the full 2.4% increase to apply to all services on and after Jan. 1, 2001. Therefore, although AHCCCS rates will not match Medicare rates exactly until Jan. 1, 2002, AHCCCS will be in full compliance with the provisions of BIPA.

AHCCCS composite payments for dialysis facility claims will reflect the 2.4% rate increase or the billed charges, whichever is less.

Additional information on BIPA and Medicare dialysis rates can be found in HCFA Program Memorandum A-01-19, Change Request 1527, which is available on the HCFA Web site at www.hcfa.gov. ❒

AHC Terminates Acute Care Contract

Arizona Health Concepts (AHC) has terminated its acute care contract with the AHCCCS Administration to provide services in La Paz and Mohave counties.

The contract termination date was February 28, 2001. Effective March 1, 2001, Family Health Plan of Northeastern Arizona (NEAZ) replaced AHC. Arizona Physicians IPA (APIPA) will continue to provide acute care services in these counties.

AHC members were given the opportunity to choose between NEAZ or APIPA during a special open enrollment. Those who did not make a choice were rolled into NEAZ effective March 1.

Providers who are interested in obtaining information about NEAZ or who are interested in contracting with the health plan should contact Benjamin Newsum, Provider Services manager, at (480) 921-8944. ❒

Providers to Receive 1 Remit Per Tax ID

AHCCCS no longer is able to generate multiple Remittance Advices for fee-for-service providers who have multiple pay-to locations linked to one tax ID number.

In the past, AHCCCS has been able to generate separate Remittance Advices for providers who had multiple pay-to locations for one tax ID number. However, due to recent system changes, these providers now will receive only one Remittance Advice for a single tax ID, regardless of the number of pay-to locations linked to that tax ID number.

Providers who have questions should contact the AHCCCS Provider Registration Unit at:

- (602) 417-7670 (Option 5)
- 1-800-794-6862 (In state)
- 1-800-523-0231 Ext. 7670 (Out of state) ❒

O/P Therapy Claims Require CPT/HCPCS Codes

Hospitals that provide outpatient therapy services must ensure that UB-92 claims submitted to AHCCCS include the appropriate CPT and HCPCS codes.

All outpatient physical therapy for acute care fee-for-service recipients requires prior authorization from the AHCCCS Prior Authorization Unit. Hospitals must supply the PA Unit with the appropriate revenue code and CPT/HCPCS code for the covered therapy. (See table below).

Units must be consistent with CPT/HCPCS code definitions.

For example, assume that a hospital bills revenue code 421 (PT/Visit) with CPT code 97116 (Therapeutic procedure, one or more areas, each 15 minutes; gait training). Each 15-minute increment represents one unit.

If services were provided for 30 minutes, the hospital would bill two units. If services were provided for 45 minutes, the hospital would bill three units, and so on.

Outpatient physical therapy rendered as part of emergency treatment does not require PA. ❒

UB-92 Hospital Billing Requirements for Rehabilitative Services	
Physical Therapy (PT)	Acute Care Recipients • Covered in outpatient setting • PA *required* unless Medicare is primary Acute Care Recipients Under 21 • Covered in outpatient setting • PA *not* required
Revenue Code	**CPT/HCPCS Codes**
420 Physical Therapy	Not Allowed
421 PT/Visit	97010 - 97140, 97504 - 97546, 97601, 97602, 97799
422 PT/Hourly	Not Allowed
423 PT/Group	97150
424 PT/ Evaluation	97001, 97002, 97703, 97750, Q0086
429 Other PT	97010 – 97750, 97799
Occupational Therapy (OT)	Acute Care Recipients • Not covered in outpatient setting • Covered if recipient in skilled nursing facility • PA *required* for recipient in skilled nursing facility unless Medicare is primary Acute Care Recipients Under 21 • Covered in a outpatient setting • PA *not* required
Revenue Code	**CPT/HCPCS Codes**
430 OT	Not Allowed
431 OT/ Visit	97504 - 97546, 97799
432 OT/Hour	Not Allowed
434 OT/Evaluation	97003, 97004, 97750
439 Other OT	97504 - 97546, 97799
Speech Therapy (ST)	Acute Care Recipients • Not covered in outpatient setting • Covered if recipient in skilled nursing facility • PA *required* for recipient in skilled nursing facility unless Medicare is primary Acute Care Recipients Under 21 • Covered in outpatient setting • PA *not* required
Revenue Code	**CPT/HCPCS Codes**
440 Speech Pathology	Not Allowed
441 Speech/Visit	92507
442 Speech/Hour	Not Allowed
443 Speech/Group	92508
444 Speech/Evaluation	92506, 92525
449 Other Speech	92506, 92507, 92526